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CONFIRMATION NO. 7296

|   |   |                                    |   |   |                                |
|---|---|------------------------------------|---|---|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/542,307  | <b>FILING OR 371(c) DATE</b><br>07/15/2005<br><b>RULE</b>   | <b>CLASS</b><br>220                | <b>GROUP ART UNIT</b><br>3727   | <b>ATTORNEY DOCKET NO.</b><br>CU-4299 RJS |                                |
| <b>APPLICANTS</b><br>Peter Rohrig, Vienna, AUSTRIA;   |   |                                    |   |   |                                |
| <b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/AT03/00383 12/23/2003<br><br><b>** FOREIGN APPLICATIONS *****</b><br>AUSTRIA A 65/2003 01/20/2003<br><br><div style="text-align: center;">** SMALL ENTITY **</div>  |   |                                    |   |   |                                |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance<br>Verified and Acknowledged _____<br>Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>AUSTRIA | <b>SHEETS DRAWING</b><br>4  | <b>TOTAL CLAIMS</b><br>24                 | <b>INDEPENDENT CLAIMS</b><br>1 |
| <b>ADDRESS</b><br>26530   |   |                                    |   |   |                                |
| <b>TITLE</b><br>Air valve for a cap provided with mouthpiece for drinking   |   |                                    |   |   |                                |
| <b>FILING FEE RECEIVED</b><br>550   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                    | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |                                |